

FILED MAY 1 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11397

Registrar's No. 58

Registration District No. 10

Primary Registration District No. 3002

1. PLACE OF DEATH:

(a) County Andrain
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Andrain Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 hrs
(Specify whether years, months or days)
In this community 6 hrs

3. (a) PRINT FULL NAME Ralph Edward Williams

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex M 5. Color or race Col 6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 19, 1948
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
6 hr. min.

9. Birthplace Mexico, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business _____

12. Name Orion Williams
13. Birthplace Hallsville, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Lydia Mae Kelley
15. Birthplace Boone County, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Orion Williams
(b) Address Centralia, Mo.
17. (a) Burial (b) Date thereof 4/20/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Centralia, Mo.
18. (a) Signature of funeral director C. W. Amos Jr.
(b) Address Mexico, Mo.
19. (a) 4/20/48 (b) Blanche Neely
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Boone
(c) City or town Centralia
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19
year 1948 hour 10 minute 30 P M.

21. I hereby certify that I attended the deceased from April 17 to April 19 at 4:30 PM and that death occurred on the date and hour stated above.

Immediate cause of death Coronary failure
Due to Coronary atherosclerosis
Due to _____

Other conditions (Include pregnancy within 5 months of death)

Major findings: Of operations 1572
Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Blanche Neely (M. D. _____)
Address Mexico, Mo. Date signed 4-20-48

RECEIVED
District Health Officer No. 10
District File Number 4-48-774
Date Filed APR 28 1948

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. 3569

P. O. Address Mexico, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.